

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received: <u>July 9</u> A.D. 20 <u>20</u> COUNTY, TEXAS LIVE OAK COUNTY CLERK DONNA M. VAN DYKE FILED <u>9:44</u> AT <u>9:44</u> O'CLOCK <u>am</u>
	MRS	GENEVA	G	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Hand Delivered: _____ Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____
		GARCIA		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	
	MS / MRS / MR	FIRST	MI	
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX	
		GARCIA		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE			
9 REPORT TYPE	AREA CODE PHONE NUMBER EXTENSION			
	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 26 THROUGH 6 / 30 / 26			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special	11 / 3 / 26	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	JUSTICE OF THE PEACE PCT.2		JUSTICE OF THE PEACE PCT 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	☐ GENERAL	COMMITTEE ADDRESS		
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
GENEVA G. GARCIA

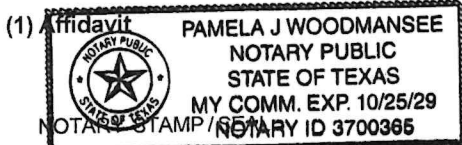
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 224.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Geneva G. Garcia
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by GENEVA G. GARCIA this the 7th day of July.

20 26 to certify which witness my hand and seal of office.

Pamela J. Woodmansee *Pamela J. Woodmansee* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****GENEVA G GARCIA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 224.63
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME GENEVA GUERRA GARCIA		3 Filer ID (Ethics Commission Filers)	
4 Date 01-15-2026	5 Payee name VISTA PRINT			
6 Amount (\$) 44.81 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code VISTAPRINT.COM			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		(b) Description ELECTION BUSINESS CARDS	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held JUSTICE OF THE PEACE PCT. 2 JUSTICE OF THE PEACE PCT.2 8 YEARS				
Date 01-30-2026	Payee name ORIENTAL TRADING			
Amount (\$) 59.13 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. BOX 2308 OMAHA NE 68103-2308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES		Description LIVE OAK COUNTY ANNUAL PARADE	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held JUSTICE OF THE PEACE PCT. 2 JUSTICE OF THE PEACE PC.T 2 8 YEARS				
Date 02-04-2026	Payee name ORIENTAL TRADING			
Amount (\$) 64.75 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O.BOX 2308 OMAHA NE 6810-2308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES		Description LIVE OAK COUNTY ANNUAL PARADE	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held JUSTICE OF THE PEACE PCT. 2 JUSTICE OF THE PEACE PCT.2 8 YEARS				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Consulting Expense
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Candidate/Officeholder/Political Committee
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Fees
Food/Beverage Expense
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Legal Services

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Office Overhead/Rental Expense
Polling Expense
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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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1 Total pages Schedule G:	2 FILER NAME GENEVA GUERRA GARCIA		3 Filer ID (Ethics Commission Filers)	
4 Date 02-12-2026	5 Payee name SAM'S CLUB			
6 Amount (\$) 55.94 ☐ Reimbursement from political contributions intended	7 Payee address; 4833 SOUTH PADRE ISLAND DR.		City; CORPUS CHRISTI	State; TX Zip Code 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES		(b) Description LIVE OAK COUNTY ANNUAL PARADE	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JUSTICE OF THE PEACE PCT. 2		Office sought JUSTICE OF THE PEACE PCT.2	Office held 8 YEARS
Date	Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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